



Washington State Gambling Commission
Licensing Division
P.O. Box 42400
Olympia, WA 98504-2400

UBI NUMBER
LICENSE NUMBER

FINANCIAL STATEMENT

AS OF (SPECIFY DATE): _____

NOTE: This financial statement form must be completed for each organization and individual required to be backgrounded as part of this license application.

BUSINESS NAME (DBA or trade name)

THIS FINANCIAL STATEMENT IS FOR: (Choose either No. 1 or No. 2)

☐ **1. AN INDIVIDUAL (can be joint for husband and wife)**

I AM A: (Check appropriate boxes) ☐ SOLE PROPRIETOR ☐ SPOUSE ☐ LIMITED PARTNER ☐ FINANCIER ☐ LLC MEMBER
☐ CORP. OFFICER Title: _____ ☐ STOCKHOLDER (10% or more) ☐ OTHER: _____

NAME: Last First Middle

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

HOME/CELL PHONE ()	WORK PHONE ()	FAX NUMBER ()
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☐ **2. A BUSINESS ENTITY**

BUSINESS ENTITY IS A: ☐ CORPORATION ☐ LIMITED PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP

NAME OF BUSINESS ENTITY:

HOME MAILING ADDRESS: Street or Route City County State or Country Zip Code

HOME/CELL PHONE ()	WORK PHONE ()	FAX NUMBER ()
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A	ANNUAL INCOME (all household)	AMOUNT	B	PERSONAL INFORMATION
	Salary (include spouse & other household salaries)			Other Business Interests (list all over 5% ownership):
	Dividends, Bonus and Commissions			
	Other Income (rental, investment interest)			
	TOTAL INCOME			

ASSETS (If additional space is required, attach separate sheet)

C CHECKING ACCOUNTS

BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS
Total			\$	

D SAVINGS ACCOUNTS

BANK NAME	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE	AUTHORIZED SIGNERS
Total			\$	

E STOCKS, BONDS, MUTUAL FUNDS, IRA's, 401K's

COMPANY	INVESTMENT TYPE (mutual fund, stock, IRA, etc.) & ACCT #	DATE ACQUIRED	# OF SHARES/FACE VALUE	MARKET VALUE	AUTHORIZED SIGNERS
Total				\$	

F NOTES AND ACCOUNTS RECEIVABLE (monies owed to you or your business)				
FROM WHOM (Full name, address and phone number)	CURRENT BALANCE	MONTHLY PAYMENT	DATE ACQUIRED	DUE DATE
Total		\$		

G BUSINESS AND OTHER INVESTMENTS			
BUSINESS INVESTMENT NAME	FAIR MARKET VALUE	ANNUAL REVENUES	DATE ACQUIRED
Total		\$	

H REAL ESTATE OWNED					
ADDRESS OF PROPERTY	DATE ACQUIRED	PURCHASE PRICE	NAME ON TITLE	LAND/BUILDING VALUE	MORTGAGE BALANCE
Total					\$

I MORTGAGES, LEASES AND CONTRACTS OWNED (paid to you/receivable)							
DESCRIPTION OR ADDRESS	FULL NAME OF DEBTOR	PHONE	PAYMENT SCHEDULE	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE	INTEREST RATE
Total						\$	

J AUTOMOBILES, BOATS AND OTHER VEHICLES (industrial, recreational, farm)					
MAKE, MODEL, DESCRIPTION	YEAR	DATE ACQUIRED	NAME ON TITLE	PURCHASE PRICE	FAIR MARKET VALUE
Total					\$

K MISCELLANEOUS PROPERTY (jewelry, collections, gae/kye)				
DESCRIPTION	DATE ACQUIRED	PURCHASE PRICE	CURRENT BALANCE	FAIR MARKET VALUE
Total				\$

LIABILITIES (If additional space is required, attach separate sheet)				
L NOTES AND TAXES PAYABLE (owed by you)				
TO WHOM (Full name, address and phone number)	ORIGINAL DATE OBLIGATED	CURRENT BALANCE	MONTHLY PAYMENT	DUE DATE
Total		\$		

M ACCOUNTS AND BILLS PAYABLE (owed by you)				
TO WHOM (Full name, address and phone number)	ORIGINAL DATE OBLIGATED	CURRENT BALANCE	MONTHLY PAYMENT	DUE DATE
Total		\$		

N CONSUMER DEBTS/STUDENT LOANS (credit cards, auto, other)					
TYPE OF DEBT	NAME OF LENDER	ORIGINAL BALANCE	INTEREST RATE	MONTHLY PAYMENT	CURRENT BALANCE
Total					\$

O LEASES, MORTGAGES AND CONTRACTS OWING (paid by you/payable) Include Rent Payments							
PROPERTY ADDRESS	FULL NAME OF LENDER/LANDLORD	PHONE	CURRENT BALANCE	AMOUNT PAST DUE	MONTHLY PAYMENT	ORIGINAL BALANCE	INTEREST RATE
Total				\$			

P COURT ORDERED PAYMENTS				
TO WHOM	ORIGINAL ORDERED AMOUNT	DATE OF ORDER	MONTHLY PAYMENT	CURRENT BALANCE
Total				\$

GENERAL INFORMATION	
*Attach additional pages to fully explain any "YES" answers to the questions below. Attach copies of documents and court papers.	
1) Is anyone a guarantor, endorser or co-signer on any of your personal or business debts, contracts, leases or other liabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) Are there any outstanding judgments against you or any business in which you had 5% or more ownership or financial interest?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3) Have you or any business in which you had 5% or more ownership or financial interest been directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4) Are you or any business in which you had 5% or more ownership or financial interest presently delinquent or past due on any federal debt or any other loans or financial obligations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5) Have you or any business in which you had 5% or more ownership or financial interest ever been required to make court-ordered payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6) Have you or any business in which you had 5% or more ownership or financial interest been a defendant in any suits or legal actions regarding financial matters within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7) Have you ever filed for personal bankruptcy, or been part of a business in which you had 5% ownership or financial interest that has filed for bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION

I certify that this Financial Statement (pages 1, 2 and 3) represents my true financial status as of this date. I hereby authorize investigation of my financial records and other sources as necessary for licensing.

SIGNATURE

TITLE (if corporate officer)

DATE

FOR AGENCY USE ONLY

TOTAL ASSETS (ITEMS C-K): _____

TOTAL LIABILITIES (ITEMS L-P): _____

NET WORTH (NET WORTH = ASSETS – LIABILITIES): _____